IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application	Serial	No.					 	 	 	 		(08/ 5 ⁄30,661
Filing Date							 	 	 	 	Se	ptembei	r 2 0, 19 <u>95</u>
Inventor .							 	 	 	 	B	rent Ke	eeth ex. al.
Assignee . Group Art							 	 	 	 N	Aicron	Techno	ology, Inc.
Group Art	Unit .						 	 	 	 			. \ (. 2503
Examiner							 	 	 	 			. N. Kelly
Attorney's 1	Docket	No.					 	 	 	 			MI22-356
Title: Sem	icondu	ctor	Mer	nory	Cir	cuit							

TRANSMITTAL LETTER AND CERTIFICATE OF MAILING

To: Box NON-FEE AMENDMENT Assistant Commissioner for Patents

Washington, D.C. 20231

From: Wells, St. John, Roberts,

Gregory & Matkin P.S.

601 W. First Avenue, Suite 1300

Spokane, WA 99204-0317 Telephone: (509) 624-4276 (509) 838-3424

Enclosed are:

PTO Return Postcard Receipt.
 Transmittal Letter with Certificate of Mailing included GROUP 2000

[] Small Entity Status is claimed.

[X] Large Entity Status Applies.

Deposit Account Authorization - The Commissioner is hereby authorized to charge payment of fees or credit overpayment to Deposit Account No. 23-0925 in connection with: any patent application processing fees under 37 CFR 1.17; and any filing fees under 37 CFR 1.16 for the presentation of extra claims.

Date: 6/18/17

By:

Mark S. Matkin

Reg. No. 32,268

CERTIFICATE OF MAILING

I hereby certify the items listed above as enclosed are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to The Assistant Commissioner for Patents, Washington, D.C. 20231, on the below-indicated date.

Dated: 6/18/97 Signature:

	APPLIC		FEE TYPES	N OF TOTAL	FEES DU	<u> </u>	Amount			
BASIC FEE	(\$750/375)									
CLAIMS FEES	Number of	Minus th	ne Larger	Equals	Tim					
	Claims Remaining After Any	Number Allowed in	Number of Claims For	Excess Claims	Ra (\$					
	Amendment	Base Fee	Which Fees Have Been Paid	For Which Fees Are Now Due	Large Entity	Small Entity				
Total Claims	11	20	27	0	22.00	11.00 =	0			
Indep. Claims	3	3	7	0	80.00	40.00 =	0			
response under	extension of a sl r 37 CFR 1.136 s necessary to a	(a) is requeste	One Month Two Month Three Month Four Month	110.00 390.00 930.00 1,470.00	55.00 195.00 465.00 735.00					
	Extension Fee I	Believed Neede	·d		I					
ANY OTHER	FEES									
					-					
						<u></u>				
					TOTAL FE	ES OWED	0			